



APPLICATION FOR UNITED STATES PATENT

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **FLOW CONTROL VALVE FOR MANUAL RESUSCITATION DEVICES** described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application Serial No. _____ and amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

NONE

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

2

NONE

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

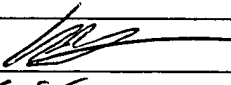
Mark Kusner, Reg. No. 31,115

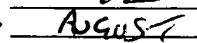
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO MARK KUSNER, Highland Place, Suite 310, 6151 Wilson Mills Road, Highland Heights, Ohio, 44143, U.S.A. Telephone: (440) 684-1090

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Typewritten Full Name of

Sole or First Inventor KEVIN D.J. BOWDEN
Given Name Middle Initial Family Name

*4 Inventor's Signature 

5 Date of Signature  28 2000
Month Day Year

6 Residence ORANGEVILLE ONTARIO CANADA
City State of Province Country

7 Citizenship UNITED KINGDOM

8 Post Office Address 7575 KIMBEL STREET
(insert complete mailing address, including country) MISSISSAUGA, ONTARIO
CANADA L5S 1C8

*This form may be executed only when attached to the specification (including claims) at the end thereof.

Applicant or Patentee: O-TWO SYSTEMS INTERNATIONAL INC.
Serial No. or Patent No.: _____ Attorney's Docket No. 13789-30US
Filed or Issued: _____
For: **FLOW CONTROL VALVE FOR MANUAL RESUSCITATION DEVICES**

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) AND 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN O-TWO SYSTEMS INTERNATIONAL INC.
ADDRESS OF CONCERN 7575 KIMBEL STREET, MISSISSAUGA, ONTARIO L5S 1C8

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for the purposes of paying reduced fees under section 41(a) and (b) of the Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the person employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare the rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled **FLOW CONTROL VALVE FOR MANUAL RESUSCITATION DEVICES** by inventor(s) BOWDEN described in

- ☒ the specification filed herewith.
☐ application serial no. _____, filed _____
☐ patent no. _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

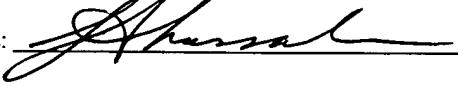
FULL NAME - NONE -

ADDRESS _____
() Individual ☒ Small Business Concern () Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of the Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING: JOE LASSALINE
TITLE OF PERSON OTHER THAN OWNER: PRESIDENT
ADDRESS OF PERSON SIGNING: 7575 KIMBEL STREET, MISSISSAUGA, ONTARIO L5S 1C8

SIGNATURE:  DATE Aug 28/00